Docket No. SYB/0090.04

_	Under the Papers	work Reduction A	ct of 1995, no pe	rsons are re	avired to r	U. S. Patespond to a collect	ent and Tra	Appro demai matic	ved for use think Office; U.S. on unless it dis	ough le DEPA plays a	0/31/2002. O RTMENT Of valid OMB	MB 0651-003 COMMERC	
PATENT APPLICATION FEE DETERMINATION RECOR								A 11 41					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SM	SMALL ENTITY			OTHER T		
FOR		NUM	NUMBER FILED		NUMBER EXTRA		R.A	TE	FEE		RATE	FEE	
(3)	ASIC FEE 7 CFR 1.16(a))								\$	OR		s	
(37	TAL CLAIMS CFR 1.16(6)		minus 20 = *				x \$			OR	x \$		
(37	PEPENDENT CLA		minus 3 = *						x				
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(4))						+			OR	+=			
If the difference in column i is less then zero, enter "0" in column 2							TO	ΓAL		OR	TOTAL		
		CLA (Column 1)	LAIMS AS AMENDED - PART (Column 2)			(Column 3)	SMA	LL I	ENTITY	OR	OTHER T		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMEN		HIGHI NUMI PREVIO PAID	BER USLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(6))	• 63	Minus	++	20	= 43	x \$			OR	x \$_18_=	774	
	Independent (37 CFR 1.16(b))	* 3	Minus	***	3	= 0	x	_=		OR OR	x=	0 .	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						+	_=		OR	+ 290 =	0	
À	(Column 1) (Column 2) (Column 3)					TOT ADDIT. I			OR A	TOTAL DDIT. FEE	774		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMEN	**********	HIGHI NUMI PREVIO PAID I	BER USLY	PRESENT EXTRA	RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(0))	4	Minus	**		=	x \$			OR	x \$=		
	Independent (37 CFR 1.16(b))	•	Minus	***		=	x			OR OR	x=		
	FIRST PRESENTATION OF MULTIPLE DE			ENDENT C	LAIM	(37 CFR 1.16(d))	-	-		OR	+=		
(Column 1) (Column 2) (Column 3)					(Column 3)	TO ADDIT.	TAL FEE		OR	TOTAL DDIT. FEB			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMEN		HIGHE NUMI PREVIO PAID I	BER USLY	PRESENT EXTRA	RA	ſΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(e))	•	Minus	**	7	=	x \$	-	Ü	OR	x \$=		
	Independent (37 CFR 1.16(b))	*	Minus	***		=	x	_=		OR OR	x=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(4))						+	_=		OR	+=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".													
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual con-													

Any comments on the amount of time you are required to complete hims will vary depending upon the needs of the individual case.

Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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